

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H/C		
O.I.P.E. CLASSIFIER		8	62601
FORMALITY REVIEW	72	78-873	05-10-01
RESPONSE FORMALITY REVIEW	P1	476	05/07/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	6/8/01
1 ✓	1/1/01
2 ✓	
3 0	
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Claim	Date
Final Original	6/8/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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6/8/01  
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